## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date		SCHOOL YEAR 2020		•
NAME			GRADE	DATE OF BIRTH
	Last	First	Middle Initial	DATE OF BIRTH
Present Address			·	Telephone
Parents' Place	of Employment			
Family Physician			Family Dentist	
Name of Private Insurance Carrier				
I hereby I also att Pursuant ize health or practic Principal of treatm	give my permission for the ab est to the fact that the above i to the requirements of the H n care providers of the studen ce, to disclose/exchange est, Athletic Director, Athletic Trai ent, emergency care and Inju	ove named student to practi named student has had no in salth Insurance Portability as t named above, including er antiaj medical information re iner, Team Physician, Team ry record-keeping.	ice and compete and represent the school in WIA njury or illness serious enough to warrant a medi of Accountability Act of 1996 and the regulations mergency medical personnel and other similarly to garding the injury and treatment of this student Coach, Administrative Assistant to the Athletic Di- and prescribed medication be made available, and or athletic competition without, at least, a parti-	cal evaluation for the darbyanty this school year, i promulgated thereunder (collectively known as "HIPAA"), I author- rained professionals that may be attending an interscholastic event to appropriate school district personnel such as but not limited to: rector and/or other professional health care providers, for purposes tal re-evaluation, contact your medical advisor before signing card.
SIGNATURE OF PARENT			DATE	
ALL STUD	ENTS PARTICIPATING IN INTE	RSCHOLASTIC ATHLETICS N		E AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION